

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

L.A. P.A.C.

ADDRESS (number and street)

6380 Wilshire Blvd., #1612

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90048

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00095059

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2009

through

08

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Irwin Levin

Signature of Treasurer

Electronically Filed by Irwin Levin

Date

09

21

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
L.A. P.A.C.

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2009</td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	2009					<table><tr><td>4</td><td>6</td><td>4</td><td>8</td><td>6</td><td>.</td><td>7</td><td>5</td></tr></table>	4	6	4	8	6	.	7	5		
Y	Y	Y	Y																	
2009																				
4	6	4	8	6	.	7	5													
(b) Cash on Hand at Beginning of Reporting Period	<table><tr><td>1</td><td>6</td><td>7</td><td>3</td><td>1</td><td>3</td><td>.</td><td>1</td><td>4</td></tr></table>	1	6	7	3	1	3	.	1	4										
1	6	7	3	1	3	.	1	4												
(c) Total Receipts (from Line 19)	<table><tr><td>2</td><td>4</td><td>9</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	2	4	9	0	0	.	0	0	<table><tr><td>1</td><td>7</td><td>3</td><td>8</td><td>9</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	1	7	3	8	9	0	.	0	0	
2	4	9	0	0	.	0	0													
1	7	3	8	9	0	.	0	0												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table><tr><td>1</td><td>9</td><td>2</td><td>2</td><td>1</td><td>3</td><td>.</td><td>1</td><td>4</td></tr></table>	1	9	2	2	1	3	.	1	4	<table><tr><td>2</td><td>2</td><td>0</td><td>3</td><td>7</td><td>6</td><td>.</td><td>7</td><td>5</td></tr></table>	2	2	0	3	7	6	.	7	5
1	9	2	2	1	3	.	1	4												
2	2	0	3	7	6	.	7	5												
7. Total Disbursements (from Line 31)	<table><tr><td>1</td><td>7</td><td>9</td><td>7</td><td>.</td><td>4</td><td>9</td></tr></table>	1	7	9	7	.	4	9	<table><tr><td>2</td><td>9</td><td>9</td><td>6</td><td>1</td><td>.</td><td>1</td><td>0</td></tr></table>	2	9	9	6	1	.	1	0			
1	7	9	7	.	4	9														
2	9	9	6	1	.	1	0													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td>1</td><td>9</td><td>0</td><td>4</td><td>1</td><td>5</td><td>.</td><td>6</td><td>5</td></tr></table>	1	9	0	4	1	5	.	6	5	<table><tr><td>1</td><td>9</td><td>0</td><td>4</td><td>1</td><td>5</td><td>.</td><td>6</td><td>5</td></tr></table>	1	9	0	4	1	5	.	6	5
1	9	0	4	1	5	.	6	5												
1	9	0	4	1	5	.	6	5												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	.	0	0														
0	0	.	0	0																
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	.	0	0														
0	0	.	0	0																

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

L.A. P.A.C.

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19800.00	149700.00
(ii) Unitemized	100.00	1690.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19900.00	151390.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24900.00	173890.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24900.00	173890.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24900.00	173890.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1797.49	16961.10	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1797.49	16961.10	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	13000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1797.49	29961.10	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1797.49	29961.10	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24900.00	173890.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24900.00	173890.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1797.49	16961.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1797.49	16961.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A.

Full Name (Last, First, Middle Initial)

Helene G. Brown

Mailing Address 155 N Crescent Dr # 520

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Retired

Receipt For:

2009

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1326

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Max Palevsky

Mailing Address 924 Westwood Blvd # 700

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Retired

Receipt For:

2009

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: 11AI-1322

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Sanford Weiner

Mailing Address 2843 Club Dr.

City

Los Angeles

State

CA

Zip Code

90064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Social Studies School Ser-
vice

Occupation
Co-President

Receipt For:

2009

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 9

Transaction ID: 11AI-1332

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A.

Full Name (Last, First, Middle Initial)

TwinMed LLC

Mailing Address 11333 Greenstone Ave.

City

Santa Fe Springs

State

CA

Zip Code

90870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1402-P

Amount of Each Receipt this Period

5000.00

See attribution below.

B.

Full Name (Last, First, Middle Initial)

Shlomo Rechnitz

Mailing Address 102 N Alta Vista Blvd

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin Medical SupplyOccupation
Executive

Receipt For: 2009

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1331-PA

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]
 Partnership Attribution

C.

Full Name (Last, First, Middle Initial)

RE Group Investors LLC

Mailing Address 102 N. Alta Vista Blvd.

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1403-P

Amount of Each Receipt this Period

5000.00

See attribution below.

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A.

Full Name (Last, First, Middle Initial)

Eddie D. Rowles

Mailing Address 3288 Inglewood Blvd.

City

Los Angeles

State

CA

Zip Code

90066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation

Executive

Receipt For: 2009

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1328-PA

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

Partnership Attribution

B.

Full Name (Last, First, Middle Initial)

Ramat Medical

Mailing Address 5812 W. Pico Blvd.

City

Los Angeles

State

CA

Zip Code

90019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1404-P

Amount of Each Receipt this Period

4800.00

See attribution below.

C.

Full Name (Last, First, Middle Initial)

Steve Rechnitz

Mailing Address 11333 Greenstone Ave.

City

Santa Fe Springs

State

CA

Zip Code

90670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramat Medical

Occupation

Owner

Receipt For: 2009

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: 11AI-1330-PA

Amount of Each Receipt this Period

4800.00

[MEMO ITEM]

Partnership Attribution

SUBTOTAL of Receipts This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

19800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A.

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14th St., NW, #1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 11C-1333

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
L.A. P.A.C.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CA Bank & Trust</p> <p>Mailing Address 550 S Hope St</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Cr.Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21B-2195</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="144.71"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) David Sadkin</p> <p>Mailing Address 537 N. Gower St.</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Fundraising Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21B-2171</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="003"/> Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Padilla & Associates</p> <p>Mailing Address 6380 Wilshire Blvd # 1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Accounting Fee & Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21B-2170</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="519.99"/></p> <p><input type="text" value="001"/> Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)

1664.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L.A. P.A.C.

A.

Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Transaction ID: 21B-891-W
Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

119.69

Expenditure purpose detail-
Is appear in Credit Card
Payees reaching disclosure
threshold.

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 19769

City Irvine State CA Zip Code 92623-9769

Purpose of Disbursement
Telephone-D.Sadkin

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-2182-P
Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

102.20

[MEMO ITEM]
credit card payee

SUBTOTAL of Disbursements This Page (optional)

119.69

TOTAL This Period (last page this line number only)

1784.39